

in which HBsAg 1.81% (n=247) was predominated followed by anti-HCV 0.49% (n=67) and anti-HIV1/2 0.41% (n=56) respectively. The hepatitis C virus co-infection among HBV-infected donors was 1.73%. Male reactive cases were predominated with 71.7% (n=265). 57.9% (n=214) reactive cases have no knowledge about the route of transmission and clinical risk factors of the infections. 10.3% (n=38) of reactive cases had previous history of blood donation.

Conclusion: In such horrible scenario of 10.3% (n=38) reactive cases having previous history of blood transfusion and 57.9% (n=214) reactive cases having no knowledge about the route of transmission and clinical risk factors of the infections, public awareness programme is highly essential. In such endemicity of TTIs use of highly sensitive serological test method should be encouraged.

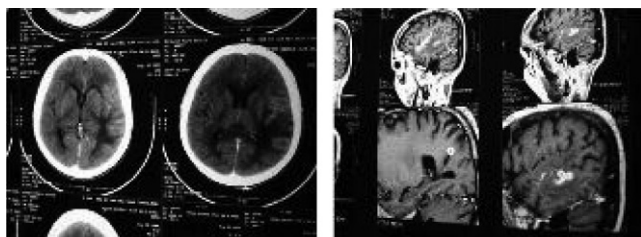
PP-153 Cerebral infarction among HIV infected population of West Bengal, India

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Background: HIV epidemic is unfolding in state of West Bengal. The present study attempted to look at prevalence of cerebral infarction among HIV infected adults and correlate same with CD4 count and opportunistic infections.

Methods: From April 2006 to March 2009, adults with diagnosed HIV infection were evaluated. Diagnosis of cerebral infarction was achieved by history, clinical findings and relevant investigations.

Results: 14 (11 male, 3 female) out of 2057 (0.68%) were noted to suffer from cerebral infarction. Two, five, three and four patients were aged 20-25, 26-30, 31-35 and 36-40 years, respectively. TB (57.14%) was commonest associated illnesses followed by cryptococcal meningitis (14.28%) and syphilis (7.14%). Out of 13, 8 had CD4 counts below 100 cells/mm³ while rest had above 200.



Conclusion: Cerebral infarction is not uncommon in young and middle aged persons with HIV infection. TB is commonest associated illness, CD4 count is commonly below 100.

PP-154 Knowledge, attitude, practice and health belief model (HBM) of midwives about HIV/AIDS-protection in care providing procedures

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Objectives: The study aimed to assess the midwives' knowledge, attitude, practice and health belief model (HBM) about HIV transmission and HIV/AIDS-precaution methods.

Background: This was a cross-sectional study in 5 selected hospitals in Isfahan. All 58 midwifery personnel of maternity ward of the hospitals participated in the study. Tools for data collection were a checklist to assess midwives' practice and a questionnaire contained questions to assess midwives' knowledge, attitude, HBM and the barriers to practice of the safe behavior.

Result: Fifty eight midwifery personnel with average age of 35.36±7.84, average work experience years of 10.92±7.98, were assessed in this study. Their scores of knowledge, attitude,

practice and HBM were: 85.4±9.4 percent (Mean±SD), 83.5±9.4 percent, 59.1±7.4 percent and 87.46±8.54 percent, respectively. There was a significant correlation between knowledge and attitude of the midwifery personnel but there were no any other significant correlation between knowledge, attitude, HBM and Practice of them. However, there was a significant negative correlation between the years of the working experience with the score of the practice as well as between the hours of working per month with the score of the practice.

Conclusion: Our results demonstrated that despite high knowledge and positive attitudes of midwives towards universal precautions to prevent spread of HIV/AIDS in the health care setting, the practice of these precautions is moderate, being practiced in only about 59 percent of the necessary situations. Emergency condition of the midwifery work and as well as non- or low-availability personal protection equipments (PPE) were stated as the barriers of the midwives' practice. The results suggests that managers should to overcome these barriers and be more focused on educational interventions to improve the beliefs of midwives about susceptibility to HIV infection and the cost of barriers as well as their self efficacy in AIDS-prevention behavior.

PP-155 One case of AIDS complicated severe liver functional lesion

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Introduction: From HIV infection to AIDS liver functional lesion may occur at all stages, and even occur cirrhosis, liver failure. Because the pathogenesis of this disease is long and liver disease symptoms are not prominent, AIDS patients' liver lesion are easily overlooked. This paper reports that one AIDS patient occurs the rapid emergence of severe liver functional and combined pleural effusion, ascites, hypoproteinemia, electrolyte disturbance and other complications. Those kinds reports are rare.

Case Description: The patient, male, 39 years old, is a clinical laboratories' technologist. His admission is due to "abnormal liver function of unknown origin" in July 31, 2008. He described that he had diarrhea, jaundice, fever and dry cough in the last month. Physical examination shows he has a severe malnutrition, his skin and sclerae are jaundiced, his weight was lost about 15kg in last 3 month. Laboratory: A/G 19/28g/L, T/DBil 159.8/133.4 μmol/L, AST 57U/L, ALP 493U/L, GGT 542U/L, CHE 1811U/L; SO₂ 85%. Auxiliary T-lymphocyte subsets: CD4 7%, CD8 67%, CD4/CD8 0.1, twice anti-HIV were positive, HIV-RNA 1.36×10³ copies/ml. Abdominal CT: Hepatic parenchymal patchy shadow enhanced; Splenomegaly. Chest X-ray: lungs inflammation. Lung CT: double lung markings show fuzzy and ground-glass changes; lungs present grid texture changes; interstitial pneumonia. Diagnosed as: HIV infection (AIDS period) combined 1) pneumocystis carinii pneumonia, 2) ascites 3) pleural effusion 4) respiratory alkalosis 5) electrolyte imbalance (hyponatremia, hypokalemia). We give the symptomatic and support treatment, compound sulfamethoxazole tablets and moxifloxacin hydrochloride were as anti-inflammatory treatment. This patient was automatically discharged in August 6, 2008.

PP-156 AIDS treatment on HAART in Tianjin

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Background: Although new case of HIV/AIDS are growing in Tianjin, the incidence of opportunity infections (OIs)/cancers and mortality of AIDS patients are decreased as HAART introduction.